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HCV micro-elimination strategy in a tertiary hospital: identification of lost cases and linkage to care

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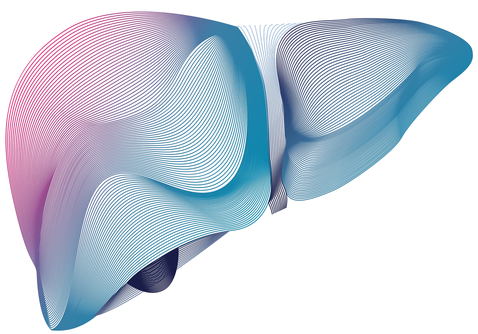
The implementation of micro-elimination strategies in each area by reference hospitals can help to achieve WHO's goal to eliminate viral hepatitis by 2030.



1 Introduction

Hepatitis C virus (HCV) elimination by 2030 is one of the main goals of the World Health Organization (WHO). The implementation of micro-elimination strategies in each area can help to achieve this goal. Among them, the identification of patients lost to follow-up has been proved to be useful, advisable and cost-effective [1,2].

2 Aim

Our aim was to identify patients with active HCV infection lost in the period 2010-2022 in the Northern Metropolitan area in the Barcelona province, identified from the registries of the Northern Metropolitan Clinical Laboratory (LCMN), describing the characteristics and the success of their linkage to the health system.

3 Method

As a part of an "HCV elimination program" in our area, we designed a strategy based on a computer search and revision of positive HCV-RNA cases with no prior treatment or not cured and retrieval of associated clinical information from the Microbiology Department of the LCMN in coordination with the Hospital Information System. The second phase of the intervention focused on the comprehensive review by the Hepatology Unit of the clinical records and selection of candidates for contact, appointment and treatment.

4 Results

Overall, **696** patients with active HCV infection were identified in our center, **121 (17.4%)** of whom were already dead (58.7% extrahepatic cause and 41.3% hepatic cause). Among them, **29** patients (4.2%) had severe comorbidity/frailty and **465** (66.8%) were already under follow-up by a specialist or had already been treated. **70** patients (**10.05%**) candidates for contacting were identified, of which **16** (22.9%) had HIV co-infection.

Among those not co-infected with HIV, **31** patients were referred to the Hepatology Unit and currently **12** patients have already started treatment with AAD (8 patients have been cured and SVR evaluation is pending for the rest). Among those patients visited, **3** patients (33%) already had advanced fibrosis/cirrhosis and **1** had an hepatocellular carcinoma.

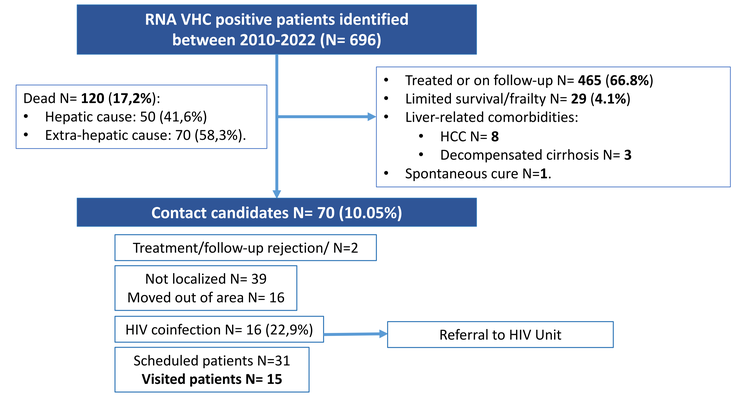


Figure 1. Flowchart of identified patients, selection of candidates to contact and linkage to care. HCC: hepatocellular carcinoma. HIV: human immunodeficiency virus.

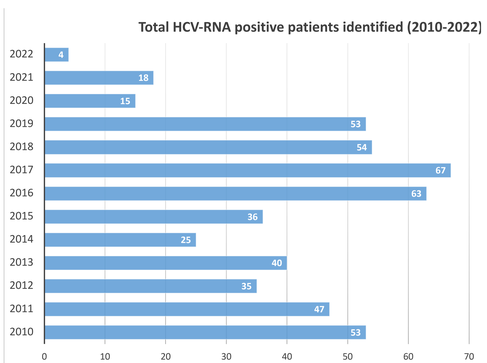


Figure 2. Total number of patients with active infection identified by year.

Table 1. Global baseline characteristics of the patients visited.

Variables	Total (N=15)
Age	59 (21-90)*
Sex (male/female)	6/9 (40%/60%)
Country of origin Spain Pakistan	 12 (80 %) 3 (20 %)
Fibrosis degree F0/F1 F2 F3 F4	 7 (46,7%) 2 (13,3 %) 3 (20 %) 3 (20 %)
Decompensated cirrhosis	2 (14,2%)
CHC	1 (7,14%)
HIV coinfection	1 (7,14%)
Treatment (Yes/No)	11 (78,6%)
SVR (Yes/pending/No)	8/6/1 (53%/40%/7%)
Risk factors for HCV (Yes/No)	9/6 (60%/40%)
Known infection (Yes/No)	10/5 (66,7%/33,3%)

*Median (max-min).
HCC: hepatocellular carcinoma; SVR: sustained virologic response..

5 Conclusions

In our hospital, up to **10% of RNA-positive patients identified as "lost in the system" were candidates to contact**. This identification is a laborious task but allows identifying patients who can benefit from treatment. In our area **33% of patients identified already had advanced liver disease.** This strategy can contribute to the elimination of HCV both in our hospital and in others served by the LCMN in the North Metropolitan region of Barcelona.

6 Acknowledgements

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7 References

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